NEW JERSEY HIV/AIDS REPORT

June 30, 2004

Division of HIV/AIDS Services

…preventing disease with care

NEW JERSEY DEPARTMENT of HEALTH and SENIOR SERVICES

Clifton R. Lacy, M.D.

Commissioner

Division of HIV/AIDS Services

…preventing disease with care

Office of the Assistant Commissioner	**(609) 984-5874**
Medical Director	**(609) 984-6191**
Policy and Planning	
Special Projects and Initiatives	
Administrative Support Services Unit	**(609) 984-5888**
Care and Treatment Services Unit	**(609) 984-6328**
AIDS Drug Distribution Program	
Corrections Initiative	
Health Insurance Continuation Program	
HIV Care Consortia	
HIV Counseling and Testing Program	**(609) 984-6125**
HIV Early Intervention Program	
HIV Home Health Care Program	
Housing Opportunities for Persons with AIDS	
Epidemiologic Services Unit	**(609) 984-5940**
Case Reporting Forms	
HIV/AIDS Statistics	
Epidemiologic Studies	
Notification Assistance Program-Newark	**(973) 648-7500**
Prevention and Education Services Unit	**(609) 984-6050**
Community-based HIV Prevention Projects	
HIV Prevention Community Planning Group	
HIV-related Training	
NJ AIDS/STD Hotline	**1-800-624-2377**
Printed Material distribution	

Visit the New Jersey Department of Health and Senior Services website: **www.state.nj.us/health**.

To request to have this report link e-mailed to you, to be added to our mailing list, or to request other information, contact us by telephone or by e-mail.

Telephone **(609) 984-5940** e-mail **aids@doh.state.nj.us**

Questions? Contact New Jersey HIV/AIDS Hotline **1-800-624-2377**

Highlights

- At mid-2004, 32,401 people are reported living with HIV or AIDS in New Jersey, an increase of 1,081 (3.5%) over the past 6 months.
- Minorities account for 75% of adult/adolescent cumulative HIV/AIDS cases and 78% of all persons living with HIV/AIDS (Page 7).
- Injection drug use and sexual contact remain the major modes of exposure to HIV infection. The proportion of reported cases with HIV/AIDS who were exposed through injection drug use (IDU) is lower than in the past, while the proportion of cases that were exposed through sexual contact is increasing (Page 9).
- Approximately, two-thirds of persons living with HIV/AIDS are 40 years of age or older (Page 8).
- Thirty-five percent of those living with HIV/AIDS are females, 3 out of 4 of them are currently 20-49 years old.

Featured Articles

Progression from HIV to AIDS during the era of Highly Active Antiretroviral Therapy (HAART) (pages 14-16).

Special Features

The centerfold MAP features a complete reporting of HIV/AIDS cases, perinatal HIV infections, and perinatal exposure by county.

Copies of this report are available on the NJDHSS' website at **www.state.nj.us/health**. The website also contains complete county and municipal reports.

Look for these shoes to help you walk through the data!

MISSION STATEMENT

The Division of HIV/AIDS Services' mission is to prevent, treat, and control the spread of HIV/AIDS. In keeping with this mission DHAS shall monitor the epidemic, and assure through our resources that individuals who are at risk or infected with HIV/AIDS have access to culturally competent, community-based networks that provide quality prevention, education, and care services.

Introduction

The purpose of this report is to provide data that can be used for monitoring the epidemic and for planning services and prevention activities. All data in this report are based on cases that were reported to the Division of HIV/AIDS Services (DHAS) through June 30, 2004. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDHSS' web site at **www.state.nj.us/health**. If you would prefer to receive this report by e-mail contact us at **aids@doh.state.nj.us** and we will e-mail you a link to the report.

What can I find in this report?

Epidemiology

Adult/Adolescent cumulative HIV/AIDS cases in each age group, in each racial/ethnic group, and for each HIV/AIDS exposure category by gender for the most recent year, as well as cumulatively.

These tables show all persons reported with HIV infection including those who have progressed to AIDS whether living or deceased. As new therapies become available, a larger percentage of cases will remain HIV for longer periods of time before becoming AIDS. Looking at both HIV and AIDS provides a more complete picture of the history of infection in the State than does data about AIDS alone. It is also important to note that cases shown as reported in the past 12 months may have been diagnosed in previous years, but due to reporting delays were only recently reported.

Persons *living* with HIV or AIDS for each gender by age group, in each racial/ethnic group, and for each exposure category.

These data show where the epidemic is now and where services are most needed.

Pediatric HIV/AIDS and Exposures

These data show the cases for individuals diagnosed while under the age of 13. The data includes information on perinatal exposures and other pediatric infections.

Special Epidemiologic Studies

Progression from HIV to AIDS features disease progression during the era of Highly Active Antiretroviral Therapy (HAART).

This featured article examines progression from HIV to AIDS during the 1996-2002 period when Highly Active Antiretroviral Therapy was widely prevalent. Differences and disparities among various socio-demographic and HIV exposure categories with regard to disease progression are shown.

Survey of Childbearing Women

Data on the HIV prevalence rate for New Jersey childbearing women, and ZDV use among New Jersey HIV positive women giving birth in New Jersey are presented.

Prevention Efforts

Health Education/Risk Reduction Activities

Data on the number of clients served in DHAS' Health Education/Risk Reduction activities are presented.

Data from publicly funded HIV counseling and testing activities are presented.

Care and Treatment Efforts

Data on clients receiving HIV/AIDS care and treatment through State monitored programs are shown.

A Change in the Reporting of Risk Exposure

Although we usually cannot determine exactly how or when a person was infected, it is possible to determine which behaviors exposed an individual to HIV infection. In the 1980s the Centers for Disease Control and Prevention established a hierarchy to categorize modes of exposure for persons reported with AIDS based on their risk exposures. Behaviors most likely to lead to infection are higher in the hierarchy than those less likely to lead to infection.

Individuals are categorized as follows. Men who report sexual contact with other men, and men who report sexual contact with both men and women are placed in the 'male-to-male sex" (MSM) category. Persons reporting having injected drugs anytime since 1978 are placed in the "injection drug use" (IDU) category. Men with both a history of sexual contact with other men and injection drug use are placed in the "MSM-IDU" category. Then come persons with hemophilia/coagulation disorder. Persons who report specific heterosexual contact with a person with, or at increased risk for, HIV infection (e.g., an injection drug user or person known to be infected with HIV) are placed in the "Heterosexual" category. Persons who received a transfusion were then placed. Persons who had heterosexual contact with a person of unknown risk status, or did not identify a risk exposure were placed in the "Unknown" category.

Beginning in this report, heterosexual contact with a person of unknown status will no longer be classified in the "Other/Unknown" category. It will be reported as "heterosexual contact with partners of unknown HIV risk." Additionally, heterosexual risk with persons of known risk will be reported by the risk status of the partner. Due to improvements in the screening of donated blood, transfusions have been virtually eliminated as an exposure category for HIV infection. In this report transfusion and hemophilia cases were reported on the "Other/Unknown" category.

The ascertainment of exposure category is incomplete, especially for cases reported recently. Some cases currently in the "Other/Unknown" category may be redistributed later to known exposure as follow-up investigations are completed.

What won't this report tell me?

Due to delays between diagnosis of HIV or AIDS and reporting to the DHAS, cases reported during the last 12 months may have been diagnosed in previous years. Also, many cases diagnosed in 2002, 2003 and 2004 may not be in this report. It is also important to note that individuals who are infected, but not tested and diagnosed, are not included in these reports. It is estimated that undiagnosed and unreported cases comprise approximately one-third of all estimated infections. (Janssen R. et al, AMJPH, Vol. 91, No. 7, Page 1019, July 2001) The number of persons living with HIV/AIDS is only an estimate because of incomplete mortality data due to delays in reporting deaths of HIV/AIDS cases, and migration in or out of state. Therefore, true incidence and prevalence rates cannot be obtained from this data.

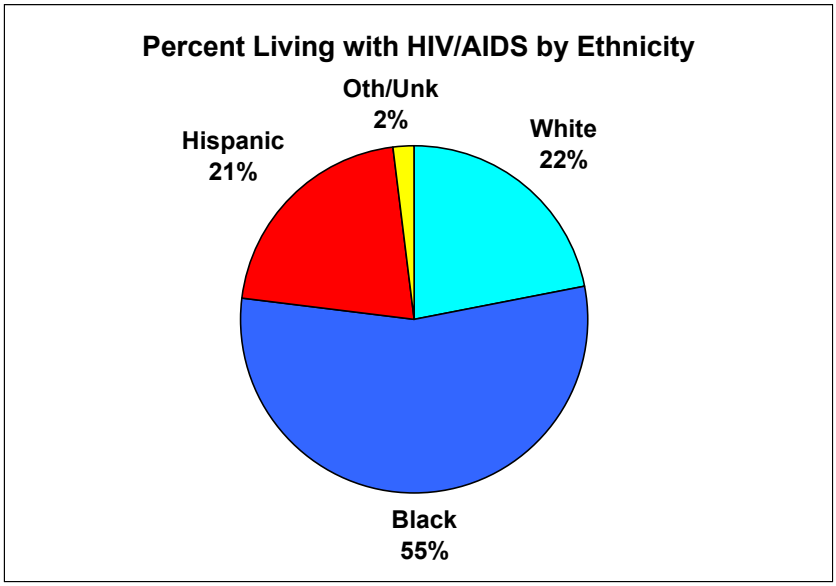
Table 1. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2003 - June 2004 (1) and Cumulative Totals as of June 30, 2004 Racial/Ethnic Group by Gender

Adults/ Adolescents (2)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jul. 2003-Jun. 2004		Cumulative Total		Jul. 2003-Jun. 2004		Cumulative Total		Jul. 2003-Jun. 2004		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
White	439	25%	12,124	28%	108	13%	3,503	18%	547	21%	15,627	25%	22%
Black	858	50%	22,739	52%	537	65%	12,776	65%	1,395	55%	35,515	56%	36%
Hispanic	379	22%	8,103	19%	142	17%	3,028	16%	521	20%	11,131	18%	27%
Asian/Pac. Isl.	25	1%	216	0%	9	1%	79	0%	34	1%	295	0%	27%
Other/Unknown	27	2%	285	1%	26	3%	140	1%	53	2%	425	1%	33%
Total	1,728	100%	43,467	100%	822	100%	19,526	100%	2,550	100%	62,993	100%	31%

(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.
(2) Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnosis were not included.

Table 2. New Jersey Residents Living with HIV/AIDS as of June 30, 2004 Racial/Ethnic Group by Gender

Race/Ethnicity	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
White	5,178	25%	1,948	17%	7,126	22%	27%
Black	10,633	51%	7,279	63%	17,912	55%	41%
Hispanic	4,723	23%	2,069	18%	6,792	21%	30%
Asian/Pac. Isl.	151	1%	59	1%	210	1%	28%
Other/Unknown	222	1%	139	1%	361	1%	39%
Total	20,907	100%	11,494	100%	32,401	100%	35%



Minorites account for 75% of the cumulative HIV/AIDS cases, and the disparity is growing.

Thirty-one percent of the cumulative HIV/AIDS cases are women.

Over half of persons living with HIV/AIDS are Non-Hispanic Blacks.

Thirty-five percent of those living with HIV/AIDS are females. Four of every five of those females are minorities.

AGE GROUP DATA

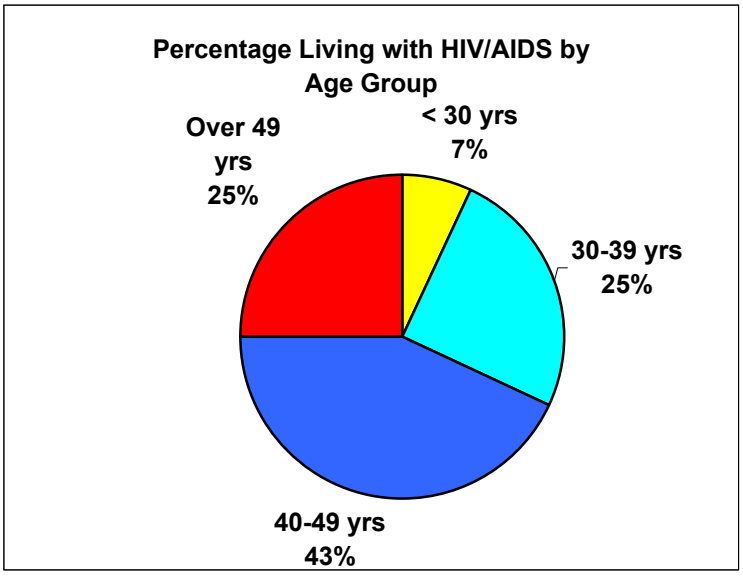
Table 3. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2003 - June 2004 (1) and Cumulative Totals as of June 30, 2004 Age at Diagnosis by Gender

Known Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jul. 2003-Jun. 2004		Cumulative Total		Jul. 2003-Jun. 2004		Cumulative Total		Jul. 2003-Jun. 2004		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	34	2%	332	1%	18	2%	419	2%	52	2%	751	1%	56%
20-29	266	15%	7,279	17%	133	16%	4,856	25%	399	16%	12,135	19%	40%
30-39	574	33%	19,307	44%	250	30%	8,732	45%	824	32%	28,039	45%	31%
40-49	552	32%	11,907	27%	297	36%	4,004	21%	849	33%	15,911	25%	25%
Over 49	302	17%	4,642	11%	124	15%	1,515	8%	426	17%	6,157	10%	25%
Total	1,728	100%	43,467	100%	822	100%	19,526	100%	2,550	100%	62,993	100%	31%

(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.

Table 4. New Jersey Residents Living with HIV/AIDS as of June 30, 2004 Current Age by Gender

Current Age	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
0-12	176	1%	194	2%	370	1%	52%
13-19	170	1%	175	2%	345	1%	51%
20-29	823	4%	763	7%	1,586	5%	48%
30-39	4,773	23%	3,260	28%	8,033	25%	41%
40-49	9,077	43%	4,834	42%	13,911	43%	35%
Over 49	5,888	28%	2,268	20%	8,156	25%	28%
Total	20,907	100%	11,494	100%	32,401	100%	35%



Recently reported cases of adult/adolescent HIV and AIDS are older at diagnosis than previously reported cases.

Two-thirds of those living with HIV or AIDS are 40 and over years of age.

Thirty-five percent of those living with HIV/AIDS are females.

Three out of four women living with HIV/AIDS are currently 20-49 years old.

Table 5. New Jersey Adult/Adolescent (1) HIV/AIDS Cases Reported July 2003-June 2004 (2) and Cumulative Totals as of June 30, 2004 Modified Exposure Category by Gender

Modified Exposure Category (3)	MALE				FEMALE				TOTAL				% of Cum. Cases Female
	Jul.2003-Jun.2004		Cumulative Total		Jul.2003-Jun.2004		Cumulative Total		Jul.2003-Jun.2004		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	514	30%	12,150	28%	0	0%	0	0%	514	20%	12,150	19%	0%
IDU (4)	305	18%	18,272	42%	127	15%	8,087	41%	432	17%	26,359	42%	31%
MSM/IDU	31	2%	2,096	5%	0	0%	0	0%	31	1%	2,096	3%	0%
Heterosexual contact with partner(s):													
- injection drug user	19	1%	814	2%	46	6%	2,707	14%	65	3%	3,521	6%	77%
- bisexual male	0	0%	0	0%	5	1%	164	1%	5	0%	164	0%	100%
- HIV infection, risk Other/Unknown	165	10%	2,807	6%	187	23%	4,112	21%	352	14%	6,919	11%	59%
-partner(s) of unknown HIV risk (5)	423	24%	4,124	9%	358	44%	3,113	16%	781	31%	7,237	11%	43%
Other/Unknown (6)	271	16%	3,204	7%	99	12%	1,343	7%	370	15%	4,547	7%	30%
Total number of individuals	1,728	100%	43,467	100%	822	100%	19,526	100%	2,550	100%	62,993	100%	31%

(1) Includes all patients 13 years of age or older at time of diagnosis. Patients with missing specific age at diagnosis were not included.
(2) Includes every new report of HIV infection received during the 12-month period, regardless of stage of disease (HIV or AIDS) at time of first report.
(3) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 5).
(4) MSM = male-to-male sex. IDU = injection drug use.
(5) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.
(6) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

Table 6. New Jersey Residents Living with HIV or AIDS as of June 30, 2004 Modified Exposure Category by Gender

Modified Exposure Category (1)	MALE		FEMALE		TOTAL		% of Cases Female
	No.	(%)	No.	(%)	No.	(%)	
MSM (2)	6,035	29%	0	0%	6,035	19%	0%
IDU (2)	6,661	32%	3,605	31%	10,266	32%	35%
MSM/IDU	875	4%	0	0%	875	3%	0%
Heterosexual contact with partner(s):							
- injection drug user	412	2%	1,411	12%	1,823	6%	77%
- bisexual male	0	0%	109	1%	109	0%	100%
- HIV infection, risk Other/Unknown	1,902	9%	2,874	25%	4,776	15%	60%
-partner(s) of unknown HIV risk(3)	2,821	13%	2,295	20%	5,116	16%	45%
Other/Unknown (4)	2,201	11%	1,200	10%	3,401	10%	35%
Total number of individuals	20,907	100%	11,494	100%	32,401	100%	35%

(1) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 3).
(2) MSM = male-to-male sex. IDU = injection drug use.
(3) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.
(4) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

42% of all Cumulative HIV/AIDS cases were exposed by IDU, 28% by heterosexual contact, and 19% by male to male sex. Only 7% of cumulative cases (and 15% of cases recently reported in the last 12 months) were exposed through another risk, or had no risk exposure reported.

CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF JUNE 30, 2004

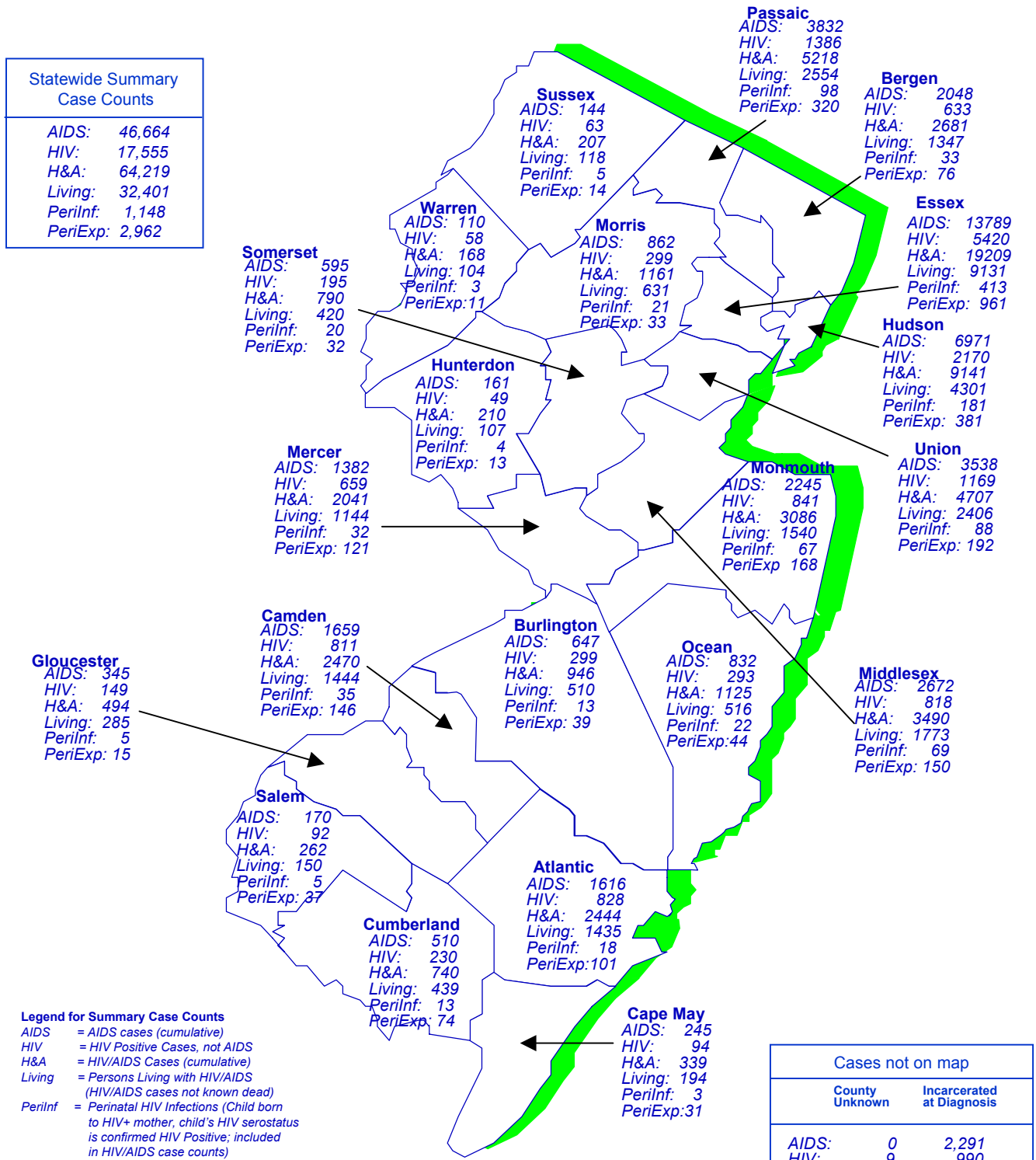


Table 7. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases
Data Reported as of June 30, 2004
Exposure Category (2) by Race/Ethnicity

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV (3)	160	805	222	3	**1,190**
Hemophilia/Coagulation Disorder	10	7	5	0	**22**
Transfusion/Blood Components	15	3	3	0	**21**
Risk Not Reported/Other Risk	7	23	6	4	**40**
Total	**192**	**838**	**236**	**7**	**1,273**
% Perinatally Infected	**83%**	**96%**	**94%**	**43%**	**93%**

(1) Includes all patients under 13 years of age at time of HIV infection, who were New Jersey residents or diagnosed in New Jersey.
(2) Cases with more than one risk, other than the combinations listed, are tabulated only in the risk group listed first.
(3) Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

Table 8. New Jersey Born HIV Pediatric Exposures (1) by Current Status and Year of Birth for Children Born 1993-2004
Data as of June 30, 2004

Birth Year	Infected (2) No.	Infected (2) (%)	Indeterminate (3) No.	Indeterminate (3) (%)	Seroreverter (4) No.	Seroreverter (4) (%)	Total Reported No.
1993	75	21%	82	23%	194	55%	351
1994	55	17%	100	32%	162	51%	317
1995	50	16%	81	26%	185	59%	316
1996	39	13%	76	26%	180	61%	295
1997	32	11%	86	30%	164	58%	282
1998	23	7%	94	31%	191	62%	308
1999	15	6%	76	30%	159	64%	250
2000	13	5%	73	27%	182	68%	268
2001	7	3%	76	35%	136	62%	219
2002	4	2%	78	36%	134	62%	216
2003*	6	4%	69	45%	77	51%	152
2004*	1	2%	44	98%	0	0%	45

(1) Exposure - Child was exposed to HIV during pregnancy/delivery.
(2) Infected - Child is infected with HIV/AIDS.
(3) Indeterminate - Child was exposed but actual status of infection is unknown.
(4) Seroreverter - Child was perinatally exposed and proven to be uninfected.
* Year 2003 and 2004 data are incomplete

Table 9. New Jersey Pediatric Cases Living with HIV/AIDS (1) by Race/Ethnicity and Current Age

Race/Ethnicity	Current Age < 5 Yrs. No.	< 5 Yrs. (%)	5-12 Yrs. No.	5-12 Yrs. (%)	>= 13 Yrs. No.	>= 13 Yrs. (%)	Total No.	Total (%)
White	2	7%	41	13%	61	15%	**104**	**14%**
Black	21	70%	230	71%	252	64%	**503**	**67%**
Hispanic	7	23%	50	15%	81	21%	**138**	**18%**
Other	0	0%	3	1%	1	0%	**4**	**1%**
Total	**30**	**4%**	**324**	**43%**	**395**	**53%**	**749**	**100%**

(1) Living Pediatric HIV/AIDS cases who were New Jersey residents or diagnosed in New Jersey.

Most pediatric cases are a result of perinatal transmission.

Perinatal transmission has been reduced to less than 5%.

Approximately, 200 Individuals infected perinatally in the early 1990's are now approaching adulthood.

86 percent of pediatric cases living with HIV/AIDS are minorities.

Survey of Childbearing Women (SCBW)

Leftover blood from routine newborn disease screening is tested anonymously for HIV each year from July through September yielding a prevalence rate among childbearing women. This provides an actual rate of infection for mothers of babies tested during these months and an estimated rate of perinatal exposure. The results of this study are shown in the chart below and Table 10.

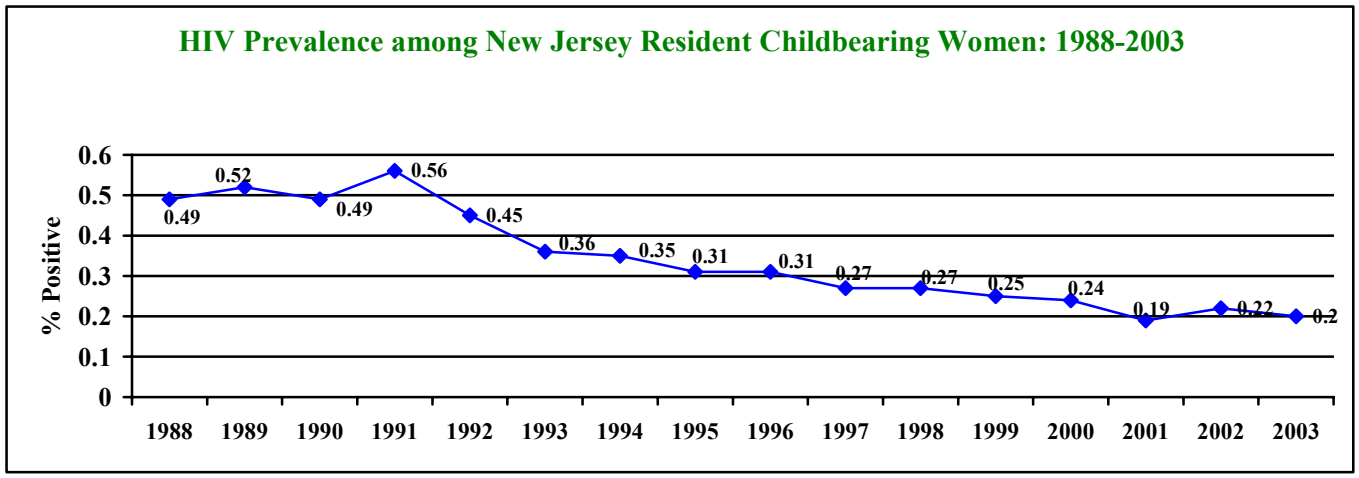


Table 10. HIV Prevalence among New Jersey Resident Childbearing Women 1992-2003

Age Group	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+
<30	0.5	0.37	0.39	0.38	0.3	0.26	0.28	0.29	0.21	0.16	0.25	0.19
>=30	0.38	0.31	0.3	0.21	0.33	0.28	0.25	0.21	0.25	0.2	0.19	0.20
Race/Ethnicity												
White	0.12	0.11	0.09	0.08	0.05	0.07	0.07	0.06	0.08	0.06	0.08	0.05
African American	1.6	1.28	1.29	1.18	1.38	0.95	0.89	0.88	0.88	0.86	0.74	0.77
Hispanic	0.56	0.35	0.32	0.28	0.27	0.42	0.42	0.35	0.25	0.10	0.22	0.20
Total Tested	29,085	29,075	27,891	28,117	28,026	27,782	28,780	28,709	29,483	28,606	28,704	29,019
Total N HIV+	132	104	98	86	87	74	78	72	70	53	62	57
Total % HIV+	0.45	0.36	0.35	0.31	0.31	0.27	0.27	0.25	0.24	0.19	0.22	0.20

Beginning in 1994 specimens from the SCBW that tested positive for HIV were tested for the presence of Zidovudine (ZDV). In 1994 the National Institute of Health released research findings showing that ZDV taken during pregnancy and by the exposed baby during the first 6 months of life reduces perinatal transmission from 25% to 8%. As can be seen in Table 11 the use of ZDV has increased dramatically since that announcement.

Table 11. Percentage Testing Positive for ZDV Use among New Jersey Resident HIV+ Childbearing Women 1994-2003 (revised for typographical error on 10/19/04)

YEAR	TOTAL BIRTHS	HIV+	TESTED FOR ZDV	ZDV+	% ZDV+
1994	27,892	98	98	13	13.27
1995	28,120	86	86	41	47.67
1996	28,025	87	87	50	57.47
1997	27,782	74	73	51	69.86
1998	28,780	78	77	50	64.94
1099	28,709	72	70	42	60.00
2000	29,483	70	NA	NA	NA
2001	28,606	53	53	39	73.58
2002	28,704	62	61	54	88.52
2003	29,019	57	57	48	84.21

African American women account for the majority of the infections.

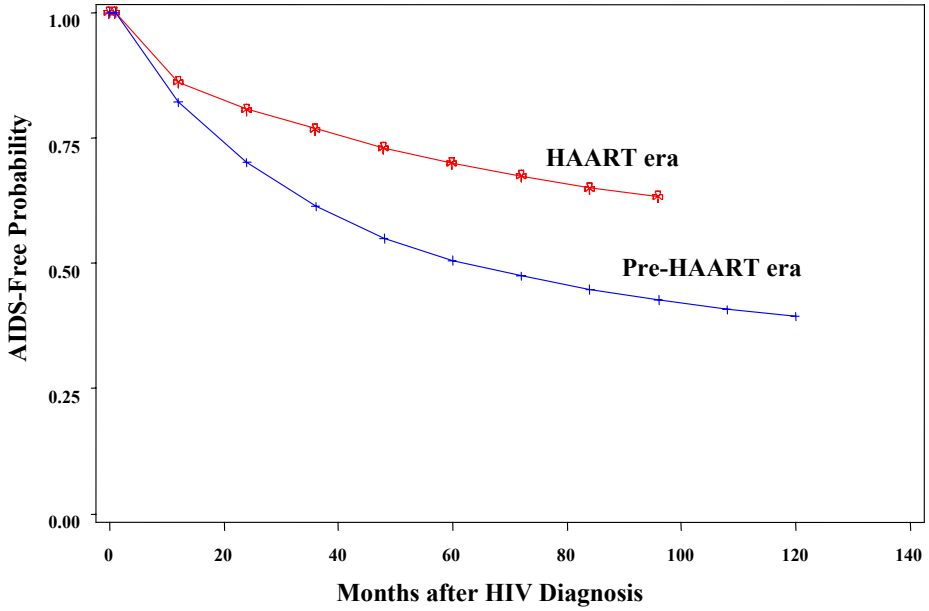
Increased use of ZDV is associated with reduced perinatal transmission.

Progression from HIV to AIDS During the Era of Highly Active Antiretroviral Therapy (HAART).

The era of Highly Active Antiretroviral Therapy, which began in 1996, has witnessed an improvement among HIV infected persons. The progression from HIV to AIDS has slowed and the quality of life of HIV/AIDS patients has improved. To explore this further, we examined adult/adolescent HIV/AIDS patients' progression from HIV to AIDS[1]. AIDS-Free survival rates after HIV diagnosis, and differences in progression from HIV to AIDS were analyzed to compare socio-demographic and HIV exposure categories, during the era of Highly Active Antiretroviral Therapy (HAART) in New Jersey.

Figure 1 shows the AIDS-Free survival curves for those diagnosed between 1996-2002 (during the HAART era) compared to those diagnosed between 1992 and 1995 (Pre-HAART era). Those diagnosed during the HAART era have progressed to AIDS significantly slower than those diagnosed prior to the HAART era. This improvement is attributed largely to advancements in the treatment of HIV/AIDS patients during 1996-2002.

Figure 1. AIDS-Free Survival Curves: Pre-HAART (1992-1995) Vs. HAART (1996-2002)



However, the improvement in HIV/AIDS therapy and AIDS-Free survival rates during the HAART era have not been uniform across socio-demographic and exposure categories in New Jersey. The observed differences between males and females (Figure 2) are slight during 1996-2002. By contrast, ethnic differences in progression from HIV to AIDS (Figure 3) show that Black Non-Hispanic and Hispanic patients progressed to AIDS significantly faster than White Non-Hispanic. Black Non-Hispanic experienced a considerably faster progression from HIV to AIDS than the other two ethnic groups. Ethnic differences in AIDS-Free survival curves may reflect, at least in part, differences in access to medical care, as documented in the literature.

[1] Includes only patients with over a month of an observed progression from HIV to AIDS.

Figure 2. AIDS-Free Survival Curves by Gender: 1996-2002

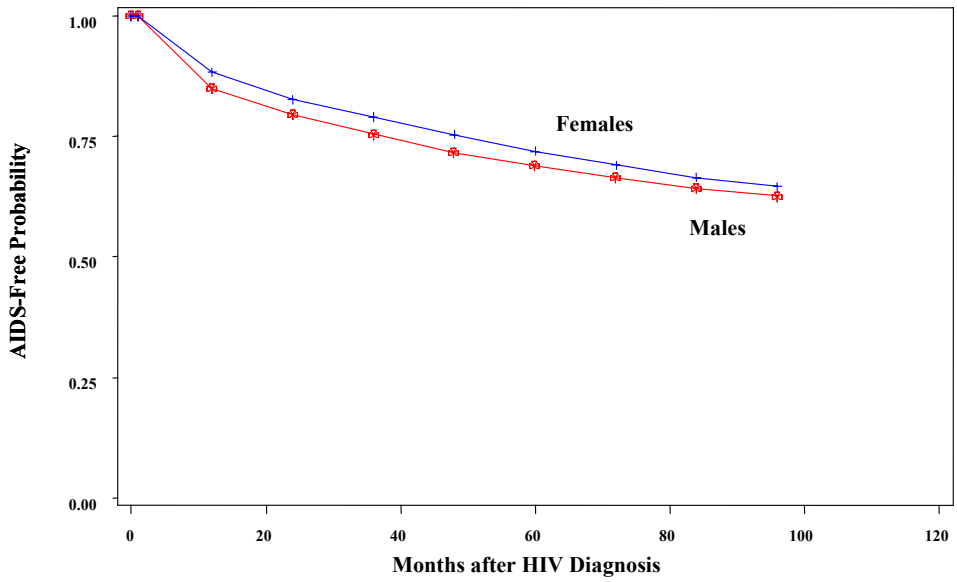
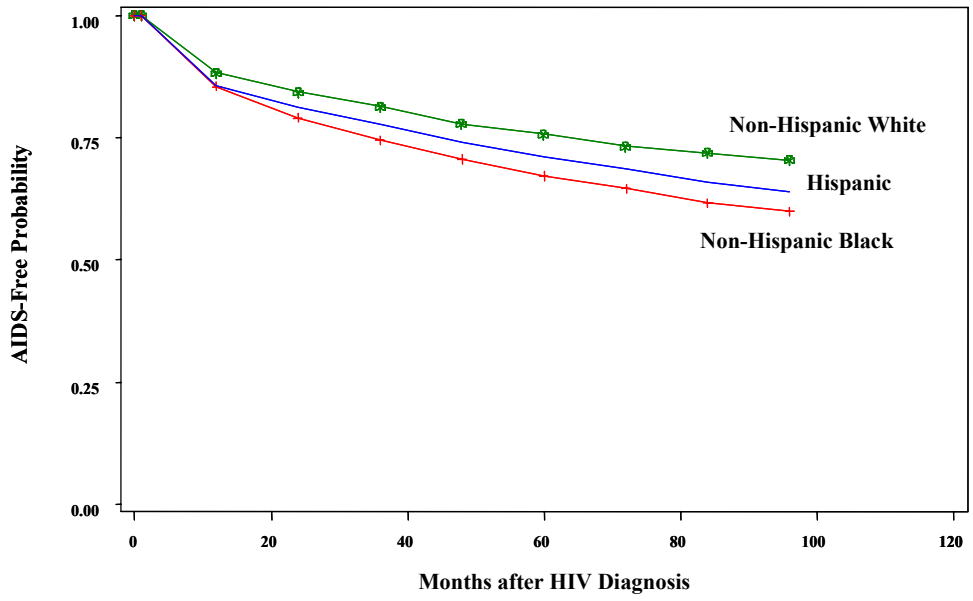


Figure 3. AIDS-Free Survival Curves by Race/Ethnicity: 1996-2002



Differences by age at HIV diagnosis are by far the most pronounced of the variables examined. Patients with an older age at HIV diagnosis (Figure 4) show a significantly faster progression from HIV to AIDS than patients in the younger age groups. Even before the introduction of HAART, age at seroconversion was considered to be one of the major determinants of disease progression.

Differences in AIDS-Free survival curves by major exposure groups (Figure 5) show that those whose HIV exposure was injecting drug use have progressed to AIDS significantly faster than those whose HIV exposure category was heterosexual contact or men having sex with men.

Figure 4. AIDS-Free Survival Curves by Age at HIV Diagnosis: 1996-2002

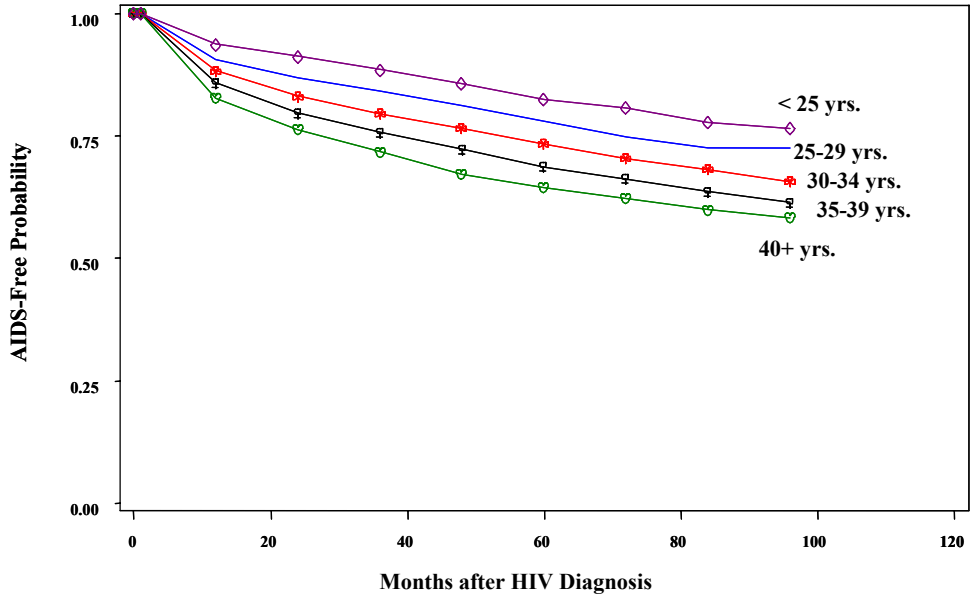
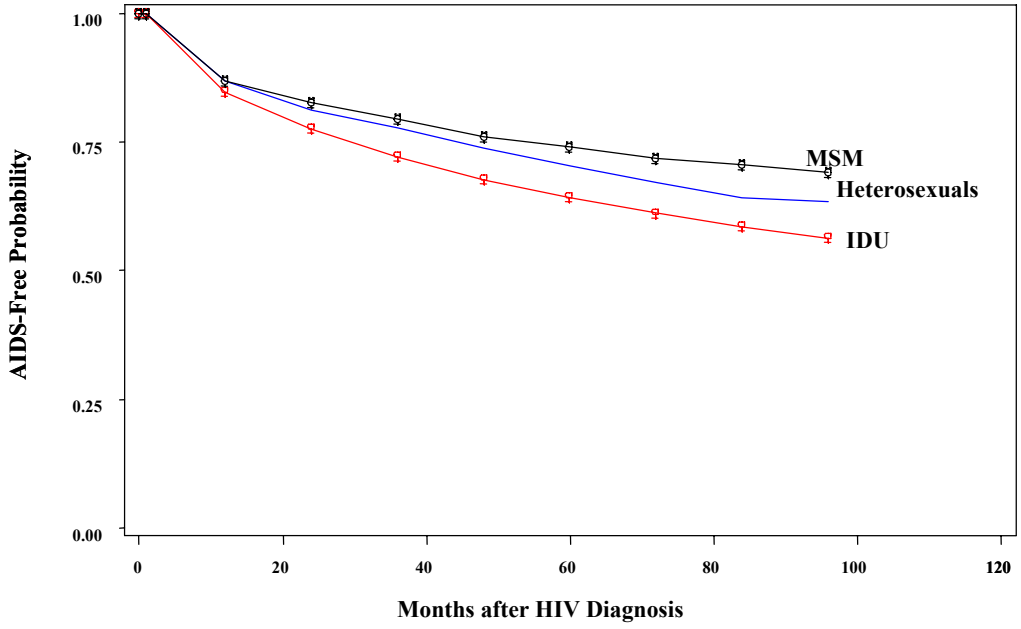


Figure 5. AIDS-Free Survival Curves by Exposure Category, both sexes: 1996-2002



HIV Services Provided by the Division of HIV/AIDS Services (DHAS) in 2003

Federal funding through the Health Resources and Services Administration's Ryan White CARE Act (RWCA) Title II, the Department of Housing and Urban Development (HUD) and the Centers for Disease Control and Prevention (CDC) are combined with State funding to support prevention, care and treatment services in the state. Approximately, 88 million dollars are awarded to agencies through approximately 125 Health Service Grants, 23 Letters of Agreement, and 6 Memoranda of Agreement (MOA). The following tables represent an estimate of the services provided by the DHAS in 2003. This summary does not include services provided by directly funded Federal programs such as Ryan White Titles I and III, or direct grants to agencies from the CDC or other sources.

CARE AND TREATMENT

Table 12. Ryan White Title II Services in 2003

Program	Type of Service	Clients Served per Year
AIDS Drug Distribution Program	Medications	6,700
HIV Home Care Program	Home Health Services	150
Insurance Continuation Program	Health Insurance Premiums	310
Consortia & Emerging Communities	Medical and Support Services	3,139
Minority AIDS Initiative	Medical and Support Services	96
Special Initiatives	Outreach and Support Services	734

Table 13. DHAS Care and Treatment Services in 2003

Program	Source of Funding	Type of Service	Clients Served Per Year
Early Intervention Programs	State	Medical and Dental	6,561
Corrections Initiative	CDC	Discharge Planning in State Facilities	567
Housing Opportunities for Persons with AIDS	HUD	Tenant-based Rental Assistance	201

PREVENTION

Table14. Summary of Major HIV/AIDS Prevention Interventions Funded Agencies and Client Numbers by Target Population for 2003

Type of Intervention	Populations Targeted/Reached					
Individual Outreach	MSM	IDU	Heterosexual Males	Heterosexual Females	Youth	HIV Positive
Number of Agencies Providing Services	**17**	**12**	**28**	**27**	**26**	**7**
Number of Clients Served	**3892**	**1665**	**5207**	**9358**	**11051**	**80**
Health Education/Risk Reduction	MSM	IDU	Heterosexual Males	Heterosexual Females	Youth	HIV Positive
Number of Agencies Providing Services	**11**	**20**	**21**	**28**	**20**	**25**
Number of Clients Served	**178**	**747**	**173**	**2072**	**1491**	**347**
Prevention Case Management	MSM	IDU	Heterosexual Males	Heterosexual Females	Youth	HIV Positive
Number of Agencies Providing Services	**11**	**18**	**20**	**26**	**20**	**22**
Number of Clients Served	**33**	**735**	**109**	**521**	**201**	**222**

The DHAS provides partner counseling and referral services to HIV positive clients in the State through the Notification Assistance Program (NAP). They notify the sex or needle-sharing partners of HIV infected individuals that have been elicited by providers, of the fact that they have been exposed to HIV. They offer them HIV counseling and testing, and if HIV positive, elicit the names of their partners for this service. This is done because these partners may be infected and not know it, may be infecting others, and may benefit from treatment. The service is confidential, and the individual who named the partner is never revealed. The NAP staff also provide test results to persons who test HIV positive but fail to return for results. If you would like to refer individuals to NAP for partner counseling you can call (877) 356-8312 toll free.

Table 15. Notification Assistance Program Services Provided in 2003

Partners Referred/Elicited (1)	391
Partners Tested	103
Partners Testing HIV Positive	10
HIV+ Clients Counseled	110

(1) Referred partners are those that are elicited by providers and assigned to NAP to contact. Elicited partners are those that NAP staff identify when they counsel HIV+ individuals.

HIV COUNSELING AND TESTING

Publicly funded HIV counseling and testing is offered at over 300 sites throughout New Jersey. Each year between sixty and seventy thousand tests are done(1). The table below details the number of tests done and the number and percentage positive for each site type, age group, race/ethnicity, and sex. Clients identified through this system account for approximately 25% of all reported HIV cases in a year.

Table 16. PUBLICLY FUNDED HIV COUNSELING AND TESTING ACTIVITIES January - December 2003

	NUMBER OF TESTS	NUMBER POSITIVE	PERCENT POSITIVE
SITETYPE			
HIV CTS(2)	9,925	256	2.58%
STD Clinic	11,095	102	0.92%
Drug Treatment Center	8,272	151	1.83%
Family Planning Clinic	9,103	20	0.22%
Prenatal Clinic	4,701	16	0.34%
TB Clinic	247	4	1.62%
Community Health Center	7,091	252	3.55%
Prison/Jail	5,222	50	0.96%
Hospital	1,082	61	5.64%
Field Visit/Outreach	7,534	177	2.35%
Other	1,987	37	1.86%
SEX			
Male	31,331	666	2.13%
Female	34,710	454	1.31%
Unknown	0	0	0.00%
RACE/ETHNICITY			
White not Hispanic	16,383	99	0.60%
Black not Hispanic	29,374	765	2.60%
Hispanic	18,028	232	1.29%
Other	908	9	0.99%
Undetermined	1,551	15	0.97%
AGE			
Under 5	21	2	9.52%
5-12	61	0	0.00%
13-19	8,744	39	0.45%
20-29	25,215	149	0.59%
30-39	16,877	397	2.35%
40-49	10,814	405	3.75%
50+	4,164	126	3.03%
Unknown	145	2	1.38%
TOTAL	**66,041**	**1120**	1.70%

1. Numbers do not represent individuals as clients may be tested more than once.
2. HIV CTS sites are clinics whose primary purpose is HIV counseling and testing. Fifteen of the HIV CTS sites test confidentially and anonymously.

Rapid HIV Testing Update

Rapid HIV testing is now available at the following HIV Counseling and Testing sites throughout the State

Atlantic City Health Department
Bergen County Counseling Center
Camden County Health Department
East Orange Health Department
Henry J. Austin Health Center
Hunterdon County Health Department
Hyacinth Foundation
Jersey City Medical Center
Monmouth Regional Screening Center
Morristown Memorial Hospital
Newark Beth Israel Medical Center
Newark Community Health Center
North Jersey Community Research Initiative
Ocean County Health Department
Plainfield Community Health Center
St. Joseph's Medical Center
St. Michael's Medical Center
Trinitas Hospital

For Addresses visit our website at
www.state.nj.us/health/aidsprv.htm
or for more information call
1-800-624-2377